

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-050315

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 3 1966

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>RICHMOND HEIGHTS</i>		Length of stay in lb <i>11 days</i>	c. CITY OR TOWN <i>Granite City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2556 Iowa</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>John Chester DeGonia Sr.</i>			4. DATE OF DEATH Month Day Year <i>December 12 1965</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/20/1900</i>	9. AGE (last birthday) <i>64</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steelworker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>American Steel</i>		11. BIRTHPLACE (City and state or country) <i>Cadet, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Frank DeGonia</i>		13b. MOTHER'S MAIDEN NAME <i>Agnes Thebeau</i>	
14. NAME OF HUSBAND OR WIFE <i>Theresa</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		17. INFORMANT <i>John C. DeGonia</i> Address <i>2573 Iowa Granite City, Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cirrhosis of liver (portal) type</i> with <i>Hemateia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Ascess - Bilateral pneumonia</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <i>12/12/65</i> to <i>12/12/65</i> and last saw her/him alive on <i>12/11/65</i> Death occurred at <i>12/12/65 4:30</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
21a. SIGNATURE <i>Joseph J. Freedy MD</i> (Degree or title)	21b. ADDRESS <i>634 N. Grand</i>
21c. DATE SIGNED <i>12/12/65</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal to Madison, Illinois</i>	23b. DATE <i>12/12/65</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) <i>Edwardsville, Illinois</i>
24. FUNERAL DIRECTOR <i>Pharmia J. Dekey</i>	ADDRESS <i>Madison, Illinois</i>	25. DATE REC'D. BY LOCAL REG. <i>12-13-65</i>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy MD</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Francis J. Lehey

Licensed Embalmer No. 2792

P. O. Address Madison Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.